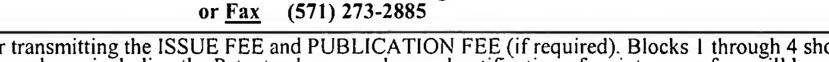
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Jonathan N. Leach	(Depositor's name)
Jonathu N. Lead	(Signature)
() 06/04/07	(Date)

CONFIRMATION NO. ATTORNEY DOCKET NO. APPLICATION NO. **FILING DATE** FIRST NAMED INVENTOR 2277 07/17/2003 13425-122001 10/622,055 Magnus Cernerud TITLE OF INVENTION: COMPOUNDS AMINO-SUBSTITUTED 1H-PYRAZIN-2-ONES AND 1H-QUINOXALIN-2-ONES TOTAL FEE(S) DUE DATE DUE **ISSUE FEE PUBLICATION FEE** APPLN. TYPE SMALL ENTITY 06/08/2067 HASFAU2 00000048 10622055 \$1400 06/15/2007 NO \$300 nonprovisional CLASS-SUBCLASS FC 1501 **EXAMINER ART UNIT** 1400.00 OP TUCKER, ZACHARY C. 1624 02 FC:1504 300 00 00 1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list (1) the 1. Fish & Richardson P.C.\_\_\_\_\_ names of up to 3 registered patent attorneys or CFR 1.363). agents OR, alternatively, (2) the name of a single [ ] Change of correspondence address (or Change of Correspondence firm (having as a member a registered attorney or Address form PTO/SB/122) attached. agent) and the names of up to 2 registered patent | Thee Address indication (or "Fee Address" Indication form attorneys or agents. If no name is listed, no name PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer will be printed. Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE Sweden Biovitrum AB Please check the appropriate assignee category or categories (will not be printed on the patent): [ ] individual [X] corporation or other private group entity [ ] government 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): [X] A check in the amount of the fee(s) is enclosed. [X] Issue Fee Payment by credit card. Form PTO-2038 is attached. [X] Publication Fee (No small entity discount permitted) Advance Order - # of Copies [X] The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 06-1050 (enclose an extra copy of this form). 5. Change in Entity Status (from status indicated above) [ ].a. Applicant claims SMALL ENTITY status. See 37 CFR 1.2.7. [ ]b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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